

**MAY - 9 2003**

*K031341*

**510(K) SUMMARY OF SAFETY AND EFFECTIVENESS**

This summary of safety and effectiveness information is being submitted in accordance with the requirements of SMDA 1990 and 21CFR, Part 807, Subpart E, Section 807.92.

**A. Submitter's name, address, telephone number, initial importer, contact person**

**1. Manufacturer of the subject device**

Name & Address of Manufacturer:	Olympus Optical Co., Ltd. 34-3 Hirai Hinode-machi, Nishitama-gun, Tokyo, 190-0182 Japan
Registration Number :	30036370927
Address, Phone and Fax of R & D Department Endoscope Division	2951 Ishikawa-cho Hachioji-shi, Tokyo 192-8507 Japan TEL 81-426-42-2891 FAX 81-426-46-5613

**2. Initial Importer**

Name:	Olympus America Inc.
Address:	Two Corporate Center Drive Melville, NY 11747-3157 TEL 516-844-5688 FAX 516-844-5416

**3. Name of Contact Person**

Name:	Ichiro Funabashi Supervisor Regulatory Affairs Quality and Engineering Department Medical System Group Olympus Optical Co., Ltd.
Address, Phone and Fax:	2951 Ishikawa-cho Hachioji-shi, Tokyo 192-8507 Japan TEL 81-426-42-2891 FAX 81-426-46-5613

## B. Device Name, Common Name

### 1. Common/Usual Name

Ultrasonic endoscope

### 2. Device Name

- Ultrasonic Gastrovideoscope OLYMPUS GF TYPE UC160P-AT8
- Ultrasonic Gastrovideoscope OLYMPUS GF TYPE UCT160-AT8

### 3. Classification Name

	FR Number	Product Code	Class
Endoscope and accessories	876.1500	KOG	II
Diagnostic Ultrasound Transducer	892.1570	ITX	II

## C. Identification of the predicate or legally marketed device

The following devices information demonstrates that this device is substantially equivalent to a legally marketed, predicate medical device.

Device Name	#K
EUS EXERA Ultrasonic Gastrovideoscope OLYMPUS GF TYPE UC160P-OL5 / OLYMPUS GF TYPE UCT160-OL5	K010591
Ultrasonic Gastrovideoscope OLYMPUS GF TYPE UC140P-AL5	K011314
HDI-5000 Ultrasound system	K961459

## D. Device Description

### 1. Summary

These subject devices have been designed to be used with the HDI5000 Ultrasound system (Philips Ultrasound), Olympus video system center, light Source, documentation equipment, video monitor, endo-therapy accessories such as an aspiration biopsy needle and electrosurgical unit except for endoscopic ultrasound (EUS) guided electrosurgery.

These subject devices are designed for endoscopic real-time ultrasonic imaging, for performing endoscopic ultrasound (EUS) guided fine needle aspiration (FNA) and for endoscopic surgery within the upper gastrointestinal tract and surrounding organs.

## 2. Design

These subject devices are designed to comply with the standards listed below.

IEC 60601-1
IEC 60601-1-1
IEC 60601-1-2
IEC 60601-2-18
CISPR11

## 3. Materials

The material for Distal Tip of these subject devices has a new patient-contacting material. The biocompatibility test reports of the new material show that the new material is safe for its intended use.

## E. Intended Use:

The intended use of these subject devices, as defined by FDA guidance documents, is:

Trans-esophageal(non-cardiac)

Other

1)Gastrointestinal tract and the surrounding organs

## F. Technological Characteristics:

These devices operate identically to the predicate device in that piezoelectric material in the transducer is used as an ultrasound source to transmit sound waves into the body. Sound waves are reflected back to the transducer and converted to electrical signals that are processed and displayed as images. Doppler shift caused by blood flow is displayed as Color Flow, or as spectrum analysis.



Food and Drug Administration  
9200 Corporate Boulevard  
Rockville MD 20850

**MAY - 9 2003**

Olympus America, Inc.  
% Ms. Laura Danielson  
Responsible Third Party Official  
TUV Product Service  
1775 Old Highway 8 NW, Suite 104  
NEW BRIGHTON MN 55112-1891

Re: K031347

Trade Name: Ultrasonic Gastrovideoscope  
OLYMPUS GF Type UC160P-AT8 and UCT160-AT8  
Regulation Number: 21 CFR 876.1500  
Regulation Name: Endoscope and accessories  
Regulation Number: 21 CFR 892.1570  
Regulation Name: Diagnostic ultrasonic transducer  
Regulatory Class: II  
Product Code: 78 KOG and 90 ITX  
Dated: April 28, 2003  
Received: April 29, 2003

Dear Ms. Danielson:

We have reviewed your Section 510(k) premarket notification of intent to market the device referenced above and we have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to legally marketed predicate devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act). You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration.

This determination of substantial equivalence applies to the following transducers intended for use with the HDI 5000 Ultrasound System, as described in your premarket notification:

Transducer Model Number

UC160P-AT8  
UCT160-AT8

If your device is classified (see above) into either class II (Special Controls) or class III (PMA), it may be subject to such additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 898. In addition, FDA may publish further announcements concerning your device in the Federal Register.

Please be advised that FDA's issuance of a substantial equivalence determination does not mean that FDA has made a determination that your device complies with other requirements of the Act or any Federal statutes and regulations administered by other Federal agencies. You must comply with all the Act's requirements, including, but not limited to: registration and listing (21 CFR Part 807); labeling (21 CFR Part 801); good manufacturing practice requirements as set forth in the quality systems (QS) regulation (21 CFR Part 820); and if applicable, the electronic product radiation control provisions (Sections 531-542 of the Act); 21 CFR 1000-1050.

This determination of substantial equivalence is granted on the condition that prior to shipping the first device, you submit a postclearance special report. This report should contain complete information, including acoustic output measurements based on production line devices, requested in Appendix G, (enclosed) of the Center's September 30, 1997 "Information for Manufacturers Seeking Marketing Clearance of Diagnostic Ultrasound Systems and Transducers." If the special report is incomplete or contains unacceptable values (e.g., acoustic output greater than approved levels), then the 510(k) clearance may not apply to the production units which as a result may be considered adulterated or misbranded.

The special report should reference the manufacturer's 510(k) number. It should be clearly and prominently marked "ADD-TO-FILE" and should be submitted in duplicate to:

Food and Drug Administration  
Center for Devices and Radiological Health  
Document Mail Center (HFZ-401)  
9200 Corporate Boulevard  
Rockville, Maryland 20850

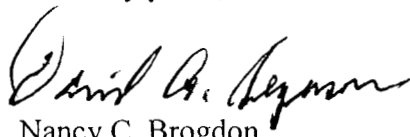
This letter will allow you to begin marketing your device as described in your premarket notification. The FDA finding of substantial equivalence of your device to a legally marketed predicate device results in a classification for your device and thus permits your device to proceed to market.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801, please contact the Office of Compliance at (301) 594-4591. Additionally, for questions on the promotion and advertising of your device, please contact the Office of Compliance at (301) 594-4639. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21 CFR Part 807.97). Other general information on your responsibilities under the Act may be obtained from the Division of Small Manufacturers, International and Consumer Assistance at its toll-free number (800) 638-2041 or at (301) 443-6597 or at its Internet address "<http://www.fda.gov/cdrh/dsmamain.html>".

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If you have any questions regarding the content of this letter, please contact Rodrigo C. Perez at (301) 594-1212.

Sincerely yours,

*for* 

Nancy C. Brogdon  
Director, Division of Reproductive,  
Abdominal and Radiological Devices  
Office of Device Evaluation  
Center for Devices and Radiological Health

Enclosure(s)

**4.3.1 Indications for Use Form for**  
**Ultrasonic Gastrovideoscope OLYMPUS GF TYPE UC160P-AT8**  
**Ultrasonic Gastrovideoscope OLYMPUS GF TYPE UCT160-AT8**

**Diagnostic Ultrasound Indications for Use Form**

Intended Use: Diagnostic ultrasound imaging or fluid flow analysis of the human body as follows:

Clinical Application	Mode of Operation									
	A	B	M	PWD	CWD	Color Doppler	Amplitude Doppler	Color Velocity Imaging	Combined (specify)	Other (specify)
Ophthalmic										
Fetal										
Abdominal										
Intraoperative (specify)										
Intraoperative Neurological										
Pediatric										
Small Organ (specify)										
Neonatal Cephalic										
Adult Cephalic										
Cardiac										
Transesophageal		N	N	N		N	N		Note1	Non-Cardiac
Transrectal										
Transvaginal										
Transurethral										
Intravascular										
Peripheral Vascular										
Laparoscopic										
Musculo-skeletal Conventional										
Musculo-skeletal Superficial										
Other (specify) Note2		N	N	N		N	N		Note1	

N= new indication; P= previously cleared by FDA; E= added under Appendix E

**Additional Comments:**

**Note1: Combined mode operation: B/M,B/PWD,B/Color Doppler,B/Amplitude Doppler,B/PWD/Color Doppler, B/Amplitude Doppler/PWD**

**Note2: the gastrointestinal tract and the surrounding organs**

(PLEASE DO NOT WRITE BELOW THIS LINE - CONTINUE ON ANOTHER PAGE IF NEEDED)

Concurrence of CDRH, Office of Device Evaluation (ODE)

Prescription Use (Per 21 CFR 801.109)

*David R. Deperson*

(Division Sign-Off)  
 Division of Reproductive, Abdominal,  
 and Radiological Devices  
 510(k) Number K031347